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**TO:** Executive Directors, DSN Boards  
Facility Administrators, Regional Centers  
Executive Directors, ICF/MRs

**FROM:** David Goodell   
Associate State Director for Operations

**RE:** Revised Directive 700-03-DD

**DATE:** April 14, 2010

The below-mentioned Internal Communication System (ICS) directive was recently revised. Please reference the table below for the number, name, and status of the directive.

Reference #	Directive Title	Status	Applicability
700-03-DD	Insuring Informed Choice in Living Preference for those Residing in Intermediate Care Facilities for the Mentally Retarded (ICF/MR)	Revised	DSN Boards, Regional Centers & ICF/MRs

The following changes were made to the directive:

The directive was modified to apply to the DDSN Regional Centers in addition to the community ICFs/MR. Listing of MR/RD waiver services was revised to reflect changes made January 1, 2010.

Please send comments to David Goodell at [dgoodell@ddsn.sc.gov](mailto:dgoodell@ddsn.sc.gov) by May 15, 2010.

**DISTRICT I**

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Reference Number: 700-03-DD

Title of Document: Insuring Informed Choice in Living Preference For Those Residing in ~~Community~~ Intermediate Care Facilities for the Mentally Retarded (ICFs/MR)

Date of Issue: November 1, 2006

Effective Date: December 1, 2006

Last Review Date: ~~November 1, 2006~~ June 1, 2010

Date of Last Revision: ~~November 1, 2006~~ June 1, 2010

Applicability: ~~Community ICFs/MR Contracted with the SC Department of Disabilities and Special Needs~~ DDSN Regional Centers and DSN Board ICFs/MR

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## **PURPOSE**

The purpose of this document is to insure that residents of ~~community-based~~ ICFs/MR are informed of the service options available to them.

## **GENERAL**

In accordance with the decision by the United States Supreme Court in the case of Olmstead v. L.C., the SC Department of Disabilities and Special Needs (DDSN) is committed to providing services in community-based settings which are not ICFs/MR when it is appropriate and honors the wishes of those who desire to move from ICFs/MR. In July 1999, the United States Supreme Court issued a decision in the case of Olmstead v. L.C. that required states to administer their services, programs, and activities in the most integrated setting appropriate to the need of qualified individuals with disabilities. Specifically it requires states to place persons with mental disabilities in community settings rather than in institutions (ICFs/MR) when the state's treatment professionals (interdisciplinary teams) determine that community placement is appropriate, the transfer is not opposed by the person, and the placement can be reasonably accommodated, taking into account the resources available to the state and needs of others with developmental disabilities. This decision is consistent with the SC Code of Laws §44-20-390 and §44-20-20 which requires that services be provided in the least restrictive environment.

In South Carolina, the Mental Retardation/Related Disabilities Waiver, operated by DDSN, allows services, similar to those provided in an ICF/MR, to be paid for by Medicaid when

provided outside of an ICF/MR. Therefore, this Waiver allows ICF/MR residents to move from the ICF/MR to a home of their own, a family member's home or to a setting sponsored by DDSN such as a Community Training Home or Supervised Living Program and receive needed services in that setting which are funded by Medicaid.

## **POLICY**

The decision of where to live and receive services cannot be made in a vacuum. It requires an awareness of available options and merits of each. To assure those who reside in ICFs/MR have such awareness, a thorough explanation of community living options, services, and the potential benefits of those options will be provided along with opportunities to visit options of interest and speak with qualified service providers. Since family members and ICF/MR staff is integral in assisting residents with the evaluation of options and decision making, similar information regarding options and potential benefits should be provided to them as well.

Information regarding their right to choose between receiving services in an ICF/MR or in a non-ICF/MR setting with MR/RD Waiver funded services should be provided to all ICF/MR residents, surrogate consent givers, and family members who may assist with decision making. This information should be provided at the time of admission and at least annually thereafter. For this purpose, the two (2)-page information sheet entitled "Medicaid Funded Service Options" (Attachment 1) may be used. Each resident's record should include documentation that the information was provided to all who may assist the resident with decision making.

All ICF/MR staff should be taught about the Medicaid funded service options and community living options and potential benefits. This information must be part of the initial/pre-service training for all staff.

All ICF/MR residents must be evaluated at least annually to determine their interest in and capacity for receiving needed services outside of an ICF/MR. The results of each resident's evaluation must be discussed by his/her interdisciplinary team and documented in his/her record. The "Evaluation for Community Living" (Attachment 2) can be used for that purpose. If determined to be interested in and have the capacity for living outside of the ICF/MR, interventions to assist the resident toward that end must be added to his/her program plan and implemented accordingly. Such interventions may include, visits to different residential care settings or providers, referrals to qualified residential service providers, discussions with family members including mediation with family members who may oppose a move, etc.

A listing of those individuals residing at the Regional Centers who desire to receive services in a community setting will be compiled on a regular basis. This listing will be shared with community service providers to facilitate movement to a community service setting.

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Kathi K. Lacy, Ph.D.  
Associate State Director-Policy  
(Originator)

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Beverly A.H. Buscemi, Ph.D.  
State Director  
(Approved)

*To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.*

Attachment 1:	Medicaid Funded Service Options
Attachment 2:	Evaluation for Community Living
Attachment 3:	Resource Information

## South Carolina Department of Disabilities and Special Needs Medicaid Funded Service Options

**You Have a Choice!**

### Medicaid Funded Services

#### *Intermediate Care Facility for the Mentally Retarded or Home and Community Based Waiver*

Prior to 1991, Medicaid only paid for habilitation and other services for people with Mental Retardation/Related Disabilities if the person was admitted to an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The federal approval of Home and Community-Based Waiver programs allowed Medicaid to pay for those services outside of an ICF/MR. Section 1915(c) of the Federal Social Security Act enables the state's Medicaid agency, South Carolina Department of Health and Human Services (SCDHHS), to collaborate with SCDDSN to operate a Home and Community-Based Waiver so that South Carolinians with Mental Retardation/Related Disabilities can have a choice about where needed services are received. South Carolina's Mental Retardation/Related Disabilities (MR/RD) Waiver allows those who currently live in an ICF/MR to choose to receive needed services outside of the ICF/MR in a home-like setting. These settings may be ones that are sponsored by SCDDSN such as a Community Training Home, Supervised Living Program or Community Residential Care Facility or may be the consumer's own home or the home of a family member.

Because you or your family member currently receives Medicaid funded services in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), you can choose to receive needed Medicaid funded services outside of the ICF/MR by requesting enrollment in the Mental Retardation/Related Disabilities (MR/RD) Waiver.

### MR/RD Waiver Enrollment

It is likely that you/your family member already meets the requirements for participation in the MR/RD Waiver, which are that the participant:

- ✓ have Mental Retardation or a Related Disability,
- ✓ be Medicaid eligible,
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria, and
- ✓ have needs that can be met by providing the services covered by the waiver.

In addition to these requirements, in order to participate, you/your family member must choose to receive needed services in a home-like setting rather than in an ICF/MR.

### Services Funded by the MR/RD Waiver

MR/RD Waiver participants can receive the services listed on the back of this page when there is a need for the service, the service is authorized, and a provider is available.

### Waiver enrollment will only be terminated if the participant:

- is re-admitted to an ICF/MR or nursing facility,
- no longer requires the degree of care that would be provided in an ICF/MR; therefore, no longer meets ICF/MR Level of Care,
- is no longer eligible for Medicaid as determined by SCDHHS,
- no longer wishes to receive services funded by the MR/RD Waiver, or
- does not receive a MR/RD waiver service for 30 consecutive days.

### If you want to know more or want to choose the MR/RD Waiver:

Contact your/your family member's Qualified Mental Retardation Professional (QMRP) or the Executive Director of the Disabilities Board.

### Services Funded by the MR/RD Waiver

Service	Definition
Adult Attendant Care Services	Assistance to perform activities of daily living (e.g. bathing, dressing, preparing meals, etc.) and or instrumental activities of daily living for adults (age 21 or older); directed by the participant or his/her representative; limited to 28 hours per week (or, if in combination with PC 2 and/or Adult Companion, a combined total of 28 hours per week)
Adult Companion Services	Non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (or, if in combination with PC 2 and/or Adult Attendant Care, a combined total of 28 hours per week)
Adult Day Health Care	Care provided in an outpatient setting 5 or more hours per day for one or more days per week that encompasses both health and social services (age 21 or older)
Adult Day Health Care Nursing	Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment (age 21 or older)
Adult day Health Care Transportation	Prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within fifteen (15) miles of the ADHC center
Adult Dental Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Adult Vision	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Audiology Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Behavior Support Services	Services to assist participants to learn to manage their own behavior
Career Preparation Services	Services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy
Community Services	Services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital
Day Activity	Activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills
Employment Services	Intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting
Environmental Modifications	Necessary adaptations to the participant's home to ensure his/her health and safety (e.g. installation of ramps, widening of doorways, etc.); Lifetime cap of \$7500.00
Nursing Services	Nursing tasks/services ordered by a physician and provided by a licensed nurse; maximum number of hours weekly is 56 by a LPN or 42 by a RN;
Personal Care Services (1 and 2)	Assistance with personal care and activities of daily living (e.g., bathing, dressing, meal preparation, laundry, etc.); limited to 28 hours per week

	(or, if in combination with Adult Attendant Care and/or Adult Companion, a combined total of 28 hours per week); extension of State Plan Medicaid benefit to adults (age 21 or older)
Personal Emergency Response System (PERS)	An electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision
Prescribed Drugs	Two (2) prescriptions per month in addition to the State Plan Medicaid limit of four (4) per month for adults (age 21 or older)
Private Vehicle Modifications	Modifications to a privately owned vehicle used to transport the participant (e.g. installation of a lift, tie downs, etc.); limited to \$7,500.00 per vehicle and a lifetime cap of 2 vehicles
Psychological Services	Services to evaluate needs, determine level of functioning, and provide counseling/therapy designed to address cognitive and/or affective skills
Residential Habilitation	Care, skills training and supervision provided in a non-institutional setting sponsored by SCDDSN
Respite Care	Care provided on a short-term basis because of the absence of or need for relief of those persons normally providing the care; Limited to 68 hours per month unless approved for an exception by SCDDSN
Specialized Medical Equipment, Supplies and Assistive Technology	Equipment and supplies not available under State Plan Medicaid that provide medical or remedial benefit to the participant; diapers and under pads available for participants age 3 years and older; limited to 3 cases of diapers/month and 3 cases of under pads/month.
Support Center	Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves

### EVALUATION FOR COMMUNITY LIVING

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

**This evaluation is to be completed by the Interdisciplinary Team after appropriate information and an explanation of other settings and possible services has been given to the resident, his/her legal guardian or surrogate consent giver (if applicable) and anyone who assists this person with decision making. Indicate when and how information and an explanation of other settings and possible services were provided and to whom:**

**I. Interest**

1. This person (or his/her legal guardian or surrogate consent giver) expresses an interest or desire to live in a setting other than an ICF/MR?

☐ No, stop; do not proceed with evaluation.

☐ Yes, proceed with evaluation.

How was this interest or desire (or lack of) expressed and by whom?

\_\_\_\_\_  
\_\_\_\_\_

2. Which best describes this person's (or legal guardian's or surrogate consent giver's) interest/desire regarding a move from this ICF/MR:

☐ Interested – will move but will be selective regarding choice of location, situation, provider, etc.

☐ Strongly desires - Is ready to move as soon as possible.

3. Where does this person wish to live, what are his/her preferences? Include as much information as possible (i.e., close to family, in a specific town or city, alone/without others with disabilities, in house with others and staff, must have own bedroom/single occupancy bedroom, etc.).

\_\_\_\_\_  
\_\_\_\_\_



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4. If he/she expresses a preference to live with his/her family / "at home", is that a true possibility?

- ☐ Yes
- ☐ No: If no, give detailed explanation including date of conversation with family during which information about the person's preferences and services that could support him/her if such a move occurred and the specific results of the conversation.

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5. Which best describes the interest/desire of this person's family regarding a move from this ICF/MR:

- ☐ Interested – will support a move, but will be selective regarding choice of location, situation, provider, etc.
- ☐ Strongly desires - Is ready for a move as soon as possible.
- ☐ Does not want the resident to move.
- ☐ No family involvement

Who/which family members were contacted?

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When were they contacted?

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How were they contacted? (i.e., phone, letter, etc.):

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**II. Capacity**

1. Does this person currently meet ICF/MR Level of Care?

☐ Yes

☐ No

2. Can this person's needs be met and his/her progress toward independence continue without the continuous, aggressive consistent implementation of training and treatment programs?

☐ Yes

☐ No

3. What medications (oral, topical and/or injectible) are prescribed to this person and what is the frequency/schedule for administration?

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4. What medical treatments or skilled nursing tasks are ordered by a physician on this person's behalf? (Include the frequency/schedule for the treatments/tasks.)

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5. Does this person have a condition for which a special diet is prescribed?

☐ Yes

☐ No

If yes, does a registered dietician monitor the person and the diet regularly?

☐ Yes

☐ No

6. Does this person take medication for behavior control?

☐ Yes

☐ No

If yes, how often does he/she receive services from a psychologist (monitoring of plan, staff training for program implementation, counseling, re-assessment, program revision, etc.)?

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7. Are there any other care or supervision needs; including any critical interventions necessary for maintaining this person's health and safety or the health and safety of others (i.e., requires 1:1 supervision; requires assistance with transfers; cannot evacuate building without physical assistance; PICA; etc.)?

☐ Yes

☐ No

If yes, explain:

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8. Indicate which MR/RD Waiver services would likely be needed if living outside of the ICF/MR:

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Companion Services   | <input type="checkbox"/> Adult Day Health Care Services |
| <input type="checkbox"/> Adult Dental Services  | <input type="checkbox"/> Adult Vision Services          |
| <input type="checkbox"/> Audiology Services   | <input type="checkbox"/> Behavior Support Services      |
| <input type="checkbox"/> Day Habilitation Services  | <input type="checkbox"/> Environmental Modifications    |
| <input type="checkbox"/> Nursing Services   | <input type="checkbox"/> Occupational Therapy Services  |
| <input type="checkbox"/> Physical Therapy Services  | <input type="checkbox"/> Personal Care Services I       |
| <input type="checkbox"/> Personal Care Services II  | <input type="checkbox"/> Prescribed Drugs               |
| <input type="checkbox"/> Prevocational Services   | <input type="checkbox"/> Private Vehicle Modifications  |
| <input type="checkbox"/> Psychological Services   | <input type="checkbox"/> Respite Services               |
| <input type="checkbox"/> Residential Habilitation   | <input type="checkbox"/> Speech Language Pathology      |
| <input type="checkbox"/> Supported Employment Services  |   |
| <input type="checkbox"/> Specialized Medical Equipment, Supplies, and Assistive Technology Services |   |

Evaluator (Participating ID Team Members)	Title

## RESOURCE INFORMATION

### **MR/RD Waiver Manual**

Available through the SCDDSN Extranet web site [www.state.sc.us/ddsn](http://www.state.sc.us/ddsn); includes detailed definitions of services funded by the waiver that may be available to meet the needs of someone wishing to leave an ICF/MR. See Chapter 9 of the manual for service definitions.

### **Qualified Providers List**

Available at the SCDDSN web site [www.state.sc.us/ddsn](http://www.state.sc.us/ddsn) ; lists all of the providers of SCDDSN funded services such as non-ICF/MR residential and day supports by county.

### **MR/RD Waiver Providers List**

Available at the SCDDSN web site [www.state.sc.us/ddsn](http://www.state.sc.us/ddsn) by clicking on "Mental Retardation Division" and scrolling to the bottom of the page; list those providers who are enrolled with Medicaid to provide services funded through the MR/RD Waiver.

"Through Asking the Right Questions You Can Reach Your Destination": Information available on the Internet at <http://rtc.umn.edu/questions/> that can be shared with interested families/primary contacts.